ARIZONA FORM 99T

Arizona Exempt Organization Business Income Tax Return

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		taxable yea	For calendar year 1998 or ear beginning, 19, 19					CHECK ONE Original				
Mail to Advance Department of Develope DO Dev 20070 Physicia A7 05020 0070								CHECK ONE Calendar year Fiscal year				
						Federal employer ID number						
Unrelated business activity codes or			Number and street	Number and street					AZ withholding tax number			
		type	City or town, state ar	City or town, state and ZIP code					AZ transaction privilege tax number			
Check box i	f: This	is a first ret	urn 🔲 Name c	hange Address	change		For DOR	use onl	у			
Information	A Date Arizona	a operations	began									
68				a income tax								
00	C Nature of bu					88						
			orm 99? Yes ☐ No			<u> </u>						
				er, specify		┨ <u></u>				<u></u>		
	Enclose co	py of federa	al form with this retu	ırn.		81			66			
Apportionn Formula - for organiz			Limited to Unrela or Business A		Tota	(a) Il Within Arizona	(b) Total Everywh	nere	(c) Ratio Within A (a) / (b)			
deriving inco		verage year	ly value of real and ta	ngible personal property								
from source		-	•	sation of employees								
within and w Arizona	(•	•	d allowances								
AHZUHA	•	•	ight sales factor X 2 or ratio. For column (a), multiply line III(a) by line III(b);									
				m line III(a)								
				column (c)	-							
				nn (c) by four. Enter the av								
	4.11				0007				. 1			
Tax				income - from federal Forr		2 .		'	1	00		
Computation			ratio					Н.	3	00		
		nter tax - tax is 8% of line 3, or \$50, whichever is greater							4	00		
Payments				20EXT - attach copy . See			0					
• • • • • • • • • • • • • • • • • • • •			payments made with Arizona Form 120ES - see instructions									
		Total payments - add lines 5 and 6. Amended returns: see instructions							7	00		
			e of tax due - If line 4 is larger than line 7, enter balance of tax due. Skip line 9						3	00		
10 Penalty and inte		tax - If line 7 is larger than line 4, enter overpayment of taxrest						0	00			
		derpayment penalty and interest. If Form 220 is attached, check box						1	00			
Tax Due				T DUE - Add lines 8, 10 and 11. If money is due, payment must accompany return					2	00		
			NT - see instructions						3	00		
				our 1999 estimated tax			0		_			
	15 Am	iount to be r	etunded - <i>subtract lin</i>	e 14 from line 13		•••••		-	5 xt. Code 82	00		
Certification	Under nanelti	oo of nortury	I doolore that I have ove	uminad this raturn including a	oomnonuing o	ahadulaa and statan	and to the he			aliof #		
oor timoution				amined this return, including a d faith, for the taxable year sta					iy knowledge and b	ieller, it		
		'	. 3		·							
Please				1								
Sign here	Signature of office	r		I Date		Title				—		
Paid	<u> </u>					1						
Preparer's	Dropororle -! !	ro				Date	_					
Jse Only	Preparer's signatu	ie				Date	1					
	Firm's name (or p	eparer's, if self	-employed)				Preparer's T	TN .		—		
	- (P											
	Firm's address						ZIP code					